

**ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS**5060 North 19<sup>th</sup> Avenue, Suite 209

Phoenix, Arizona 85015

(602) 589-8352

FAX: (602) 589-8354

**PROFESSIONAL RECOMMENDATION FORM****APPLICANT:**

The applicant portion of this form should be completed by the individual who is seeking an Occupational Therapist, Occupational Therapy Assistant License or a Limited Permit.

**PERSONAL INFORMATION (Type or Print)**

Name	Last	First	Middle	
Other names used	Maiden	Also Known As – AKA		
Home address	Number/Street	City	State	Zip code

National Board for Certification in Occupational Therapy (NBCOT) certification number:	
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**MEDICAL OR MEDICAL SERVICE PROFESSIONAL:**

Where did you work with this applicant?	
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I ☐

DO

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DO NOT

Recommend this applicant for an Occupational Therapy/Assistant license because: (use professional relationship or experience)

Reason:


	Years	Months
What is the length of time that you have known this applicant?		
What is the length of time you have worked with this applicant?		
	Yes	No
Would you consider this applicant to be of good moral character?		

Please provide the following information regarding you as a Medical or Medical Service Professional:

Name	Last	First	Middle	
Address	Number/Street	City	State	Zip code
Daytime telephone number	Area code			
Professional license or certification title and license or certification number:	Title	Number		
Name of the State or Federal agency issuing my professional license or certificate:				

I affirm that the above information is accurate to the best of my knowledge and recollection.

\_\_\_\_\_  
Signature Date

**PLEASE RETURN ORIGINAL COMPLETED FORM WITHIN 10 DAYS.**